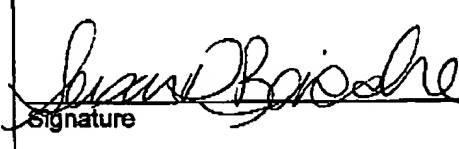



| | | | | | | | |
|---|----------------------------------|----------------------|------------------------------------|---|--------|--|--------|
| TRANSMITTAL FORM | | Application Number | | 09/602,558 | | RECEIVED CENTRAL FAX CENTER APR 29 2005 | |
| | | Filing Date | | June 23, 2000 | | | |
| | | First Named Inventor | | Toshiyuki Okuyama | | | |
| | | Art Unit | | 2637 | | | |
| | | Examiner Name | | David B. Lugo | | | |
| Total Number of Pages in This Submission | | 15 | | Attorney Docket Number | | 205551-0002 | |
| ENCLOSURES (check all that apply) | | | | PETITION FOR EXTENSION OF TIME | | | |
| <input checked="" type="checkbox"/> Amendment/Reply (13 pages) <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Duplicate of this Transmittal (1 page) | | | | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. | | | |
| CLAIMS FEES | | | | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | | | | |
| | | | | Small Entity | | Large Entity | |
| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Extra Claims Present | Rate | Addit. Claim Fee | Rate |
| Total | 18 | - | 20 | =0 | x 25= | \$ | x 50= |
| Independent | 6 | - | 6 | =0 | x 100= | \$ | x 200= |
| | | | | | + 145= | \$ | + 290= |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | | | |
| FEES | | | | | | | |
| <input type="checkbox"/> Additional Claim Fee | | | | | | \$0.00 | |
| <input checked="" type="checkbox"/> Extension fee for two-month | | | | | | \$450.00 | |
| <input type="checkbox"/> Information Disclosure Statement | | | | | | \$0.00 | |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | | | | | | \$0.00 | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | \$0.00 | |
| TOTAL FEES | | | | | | \$450.00 | |
| PAYMENT OF FEES | | | | | | | |
| <input type="checkbox"/> A check in the amount of \$. is enclosed. | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965 . | | | | | | | |
| <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00 . A duplicate of this sheet is attached. | | | | | | | |
| SIGNATURE OF ATTORNEY | | | | | | | |
| Susan D. Reinecke, Reg. No. 40,198 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818 | | | |  Signature | | Date: | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |
| I hereby certify that this correspondence is: | | | | | | | |
| <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. | | | | | | | |
| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | | | | |
| Typed or printed name | | | | Elizabeth M. Campbell Tressler | | Date: 4/19/2005 | |
| Signature | | | |  | | | |